



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R17 / 8-23)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4)

Summary Sheet

FILE NUMBER

32-25-010

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ELECT DONNA WATSON		<input type="checkbox"/> Check if this is a new name.
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number (317) 525-3759
4. Mailing Address (Address where all campaign finance correspondence is received.) P.O. BOX 1		<input type="checkbox"/> Check if this is a new address.
5. City, State, ZIP Code AMO IN 46103		6. Party Affiliation (if applicable) DEMOCRAT

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nickname.) DONNA WATSON	8. Party Affiliation or if Independent Candidate DEMOCRAT
9. Office Sought (Include district number, if any. Not required for exploratory committee.) AMO TOWN COUNCIL	10. County of Residence HENDRICKS

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final / Disbands Committee (Lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (Within ten (10) days amend Statement of Organization.)	CONVENTION CANDIDATES ONLY <input type="checkbox"/> Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period (mm/dd/yy):

From: **1-1-25** Through: **12-31-25**COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (Use Schedule A.)	
15b. Unitemized	
15c. Add lines 15a and 15b in both columns.	SUBTOTAL
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)	
17b. Unitemized	
17c. Add lines 17a and 17b in both columns.	SUBTOTAL
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL
19. Debts OWED BY the committee (Use Schedule D.)	0
20. Debts OWED TO the committee (Use Schedule E.)	0

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer Donna Watson	Title Town Council member	Date (mm/dd/yy) 1/9/25
Signature of Candidate (if applicable) Donna Watson		Date (mm/dd/yy) 1/9/25

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

26 JAN 12 PM 2:17

FILED
KOF-The Hendricks County